S. No. 300
v. 10.48

FILED FEB 26 1951

Acquired

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5544

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 17

0782 1

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chaff in Add.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville 0782 0
d. STREET ADDRESS (If rural, give location): Chaff in Add.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawerence
b. (Middle):
c. (Last): Myers, Jr.

4. DATE OF DEATH (Month) (Day) (Year): 2 15 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: Jun 1 1900
9. AGE (In years last birthday): 50 — If under 1 year: Months 7 Days 14 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cotton Gin
11. BIRTHPLACE (State or foreign country): Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Lawerence Myers
13b. MOTHER'S MAIDEN NAME:
14. NAME OF ~~HUSBAND OR~~ WIFE: Ora Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Walter Myers — **ADDRESS**: East Prairie, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ___

DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS — 4201

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caruthersville, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-11-, 1951, *to* 2-12-, 1951, *that I last saw the deceased alive on* 2-12-, 1951, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. J. Aguirre (Degree or title): M.D.
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 2-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/51
24c. NAME OF CEMETERY OR CREMATORY: Dogwood Cemetery
24d. LOCATION (City, town, or county) (State): East Prairie Mo.

DATE REC'D BY LOCAL REG.: 2-19-1951
REGISTRAR'S SIGNATURE: Irene B. Wicker
25. FUNERAL DIRECTOR'S SIGNATURE: Lafoyne Funeral Co.
ADDRESS: Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-51-60

FEB 24 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold A. Moon

Licensed Embalmer No. 4636

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.